

Non-Physician Behavioral Health

November 16, 2021



“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

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Acronyms

Acronym	Definition
CMHSP	Community Mental Health Services Programs
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
FFS	Fee for Service
HCPCS	Healthcare Common Procedure Coding System
ICD	International Classification of Diseases
LLP	Limited Licensed Psychologist
MDHHS	The Michigan Department of Health and Human Services
MHP	Medicaid Health Plan
MUE	Medically Unlikely Edit
NCCI	National Correct Coding Initiative
NDC	National Drug Code
NP	Nurse Practitioner
PA	Physician Assistant
PIHP	Prepaid Inpatient Health Plan

General Information

This information applies to non-physician behavioral health providers such as, psychologists, social workers, counselors, and marriage and family therapists.

General Information

■ Resources

- [Medicaid Provider Manual](#)
 - Michigan Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services Chapter, Non-Physician Behavioral Health Appendix
- [Medicaid Mental Health Substance Abuse Inpatient Medical Acute Detoxification](#)
- [L 10-02](#)

- Behavioral health professionals may receive direct reimbursement for Medicaid covered services when provided within their specific profession's scope of practice guidelines as defined by State law.
- For beneficiaries not enrolled in Medicaid Health Plans and services not included in the capitation payments to the Community Mental Health Services Programs (CMHSPs) or Prepaid Inpatient Health Plans (PIHPs), behavioral health services are covered through Medicaid Fee for Service (FFS).

Provider Qualifications

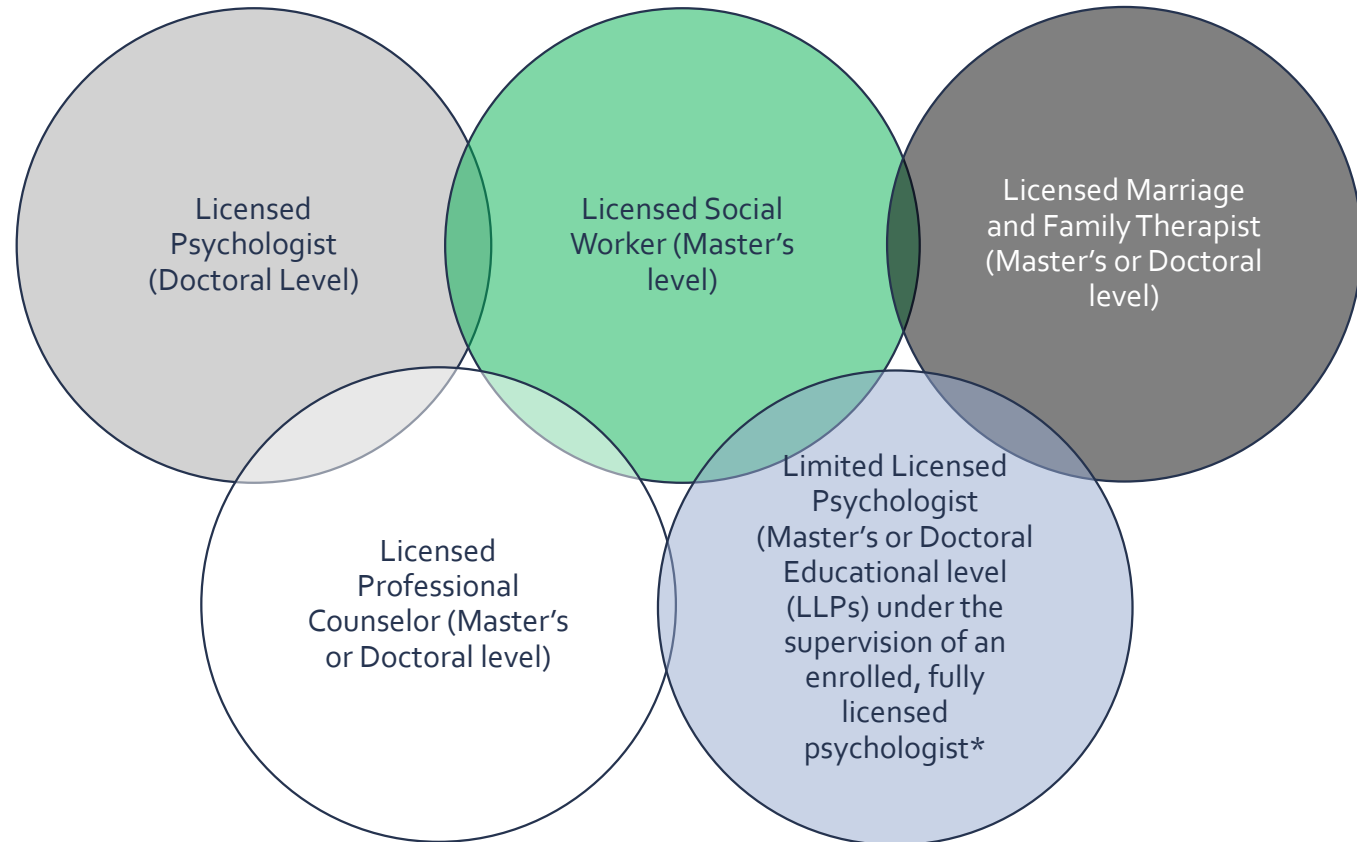
[Medicaid Provider Manual](#)

Behavioral Health and
Intellectual and
Developmental
Disability Supports and
Services Chapter, Non-
Physician Behavioral
Health Appendix,
Section 2

Provider Qualifications

- These practitioners are required to be currently licensed by the Department of Licensing and Regulatory Affairs (LARA), enroll as Medicaid providers, and be uniquely identified on all claims.
- [State License Search](#)
- [Provider Enrollment webpage](#)

Medicaid covers non-physician behavioral health services when performed by any of the following provider types:



*except as noted in Section 333.18223 of the Public Health Code.

Provider Qualifications: LLP

- [MSA 20-02](#)
- LLPs must enroll as Rendering/Servicing Only
 - [Enrollment Guide](#)

- Limited License Psychologists (LLPs Master's and Doctoral Educational level) are **not** eligible to be directly reimbursed by Medicaid and must associate themselves to at least one billing provider within CHAMPS.
- When LLP services require supervision and are billed on the professional claim format, report the NPI of the LLP in the Rendering Provider field and report the NPI of the Medicaid enrolled supervising Licensed Psychologist in the Supervising Provider field.
 - Services performed as a governmental employee or for a nonprofit organization serving benevolent and charitable purposes do not require supervision.
- MDHHS defines supervision as: the overseeing of or participation in the work of another individual by a health professional licensed under this article in circumstances where at least all the following conditions exist:
 - Continuous availability of direct communication in person or by radio, telephone, or telecommunication between the supervised individual and a licensed health professional.
 - Availability of a licensed health professional on a regularly scheduled basis to review the practice of the supervised individual, to provide consultation to the supervised individual, to review records, and to further educate the supervised individual in the performance of the individual's functions.
 - Provision by the licensed supervising health professional of predetermined procedures and drug protocols.

Provider Qualifications

- Non-physician behavioral health services may also be performed by any of these provider types under the supervision of an enrolled, fully licensed provider of the same profession.
- These temporary or educational limited licensed providers or student interns are not eligible to enroll or be directly reimbursed by Medicaid. Services should be billed to Medicaid under the National Provider Identifier (NPI) of the supervising provider.



Temporary Limited License Psychologist

- Master's or Doctoral Level



Educational or Temporary Limited License

- Social Worker
- Marriage and Family Therapist
- Professional Counselor



Student Intern

- An individual who is currently enrolled in a health profession training program for psychology, social work, counseling, or marriage and family therapy that has been approved by the appropriate board.

Covered Services

[Medicaid Provider Manual](#)

Behavioral Health and
Intellectual and
Developmental
Disability Supports and
Services Chapter, Non-
Physician Behavioral
Health Appendix,
Section 3

Covered Services

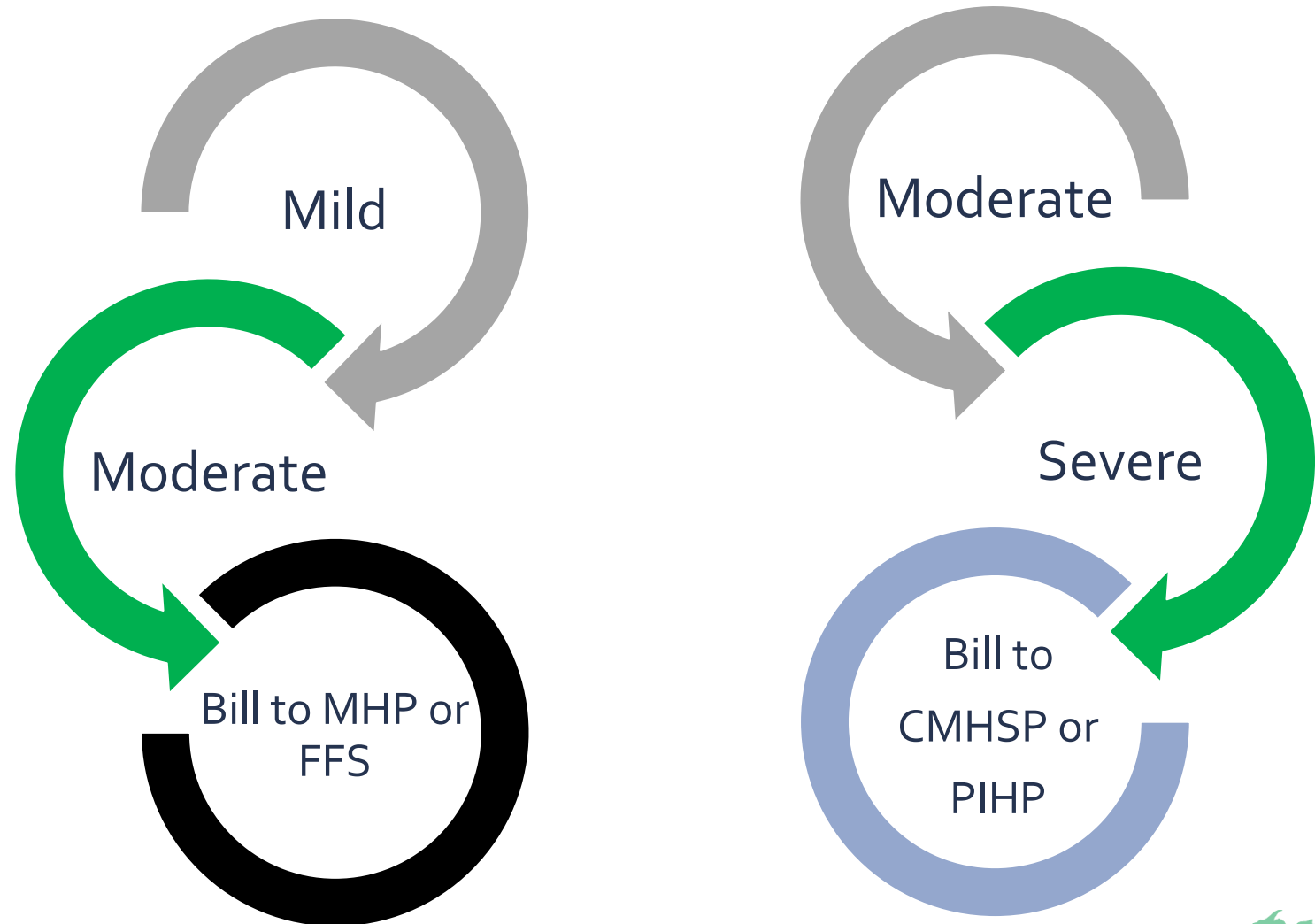
- [Fee Screen](#)
- [Non-Physician Behavioral Health Fee Schedule](#)
- [Medicaid Code and Rate Reference Tool Quick Reference Guide](#)

- Non-physician behavioral health services performed by psychologists, social workers, counselors, and marriage and family therapists are covered when performed in a non-facility setting or outpatient hospital clinic and provided within their specific profession's scope of practice guidelines as defined by State law.
- The list of allowable services is reviewed annually and updated as applicable. Services covered by the PIHPs/CMHSPs are available and reimbursed through the PIHP/CMHSP.

Covered Services

- Services covered by the PIHPs/CMHSPs are available and reimbursed through the PIHP/CMHSP.
 - [CMHSP County List](#)
 - [Michigan PIHP/CMHSP Provider Qualifications per Medicaid Services & HCPCS/CPT Codes](#)

Non-Physician Behavioral Health Services



Covered Services

- [MSA 21-19](#) Fee-for-Service Coverage of Alcohol Use Disorder and Opioid Use Disorder Treatment Services

- The purpose of MSA 21-19 is to expand access to services by updating and expanding reimbursement policy for office-based Alcohol Use Disorder (AUD) treatment and Opioid Use Disorder (OUD) treatment provided by primary care providers in an office-based setting (i.e., providers who do not have a specialty Substance Use Disorder (SUD) benefit services contract with the PIHP).
- Effective August 1, 2021, primary healthcare providers can be reimbursed for services provided in an office-based primary care setting related to AUD/OUD through the Medicaid Fee-for-Service (FFS) program.

Telemedicine

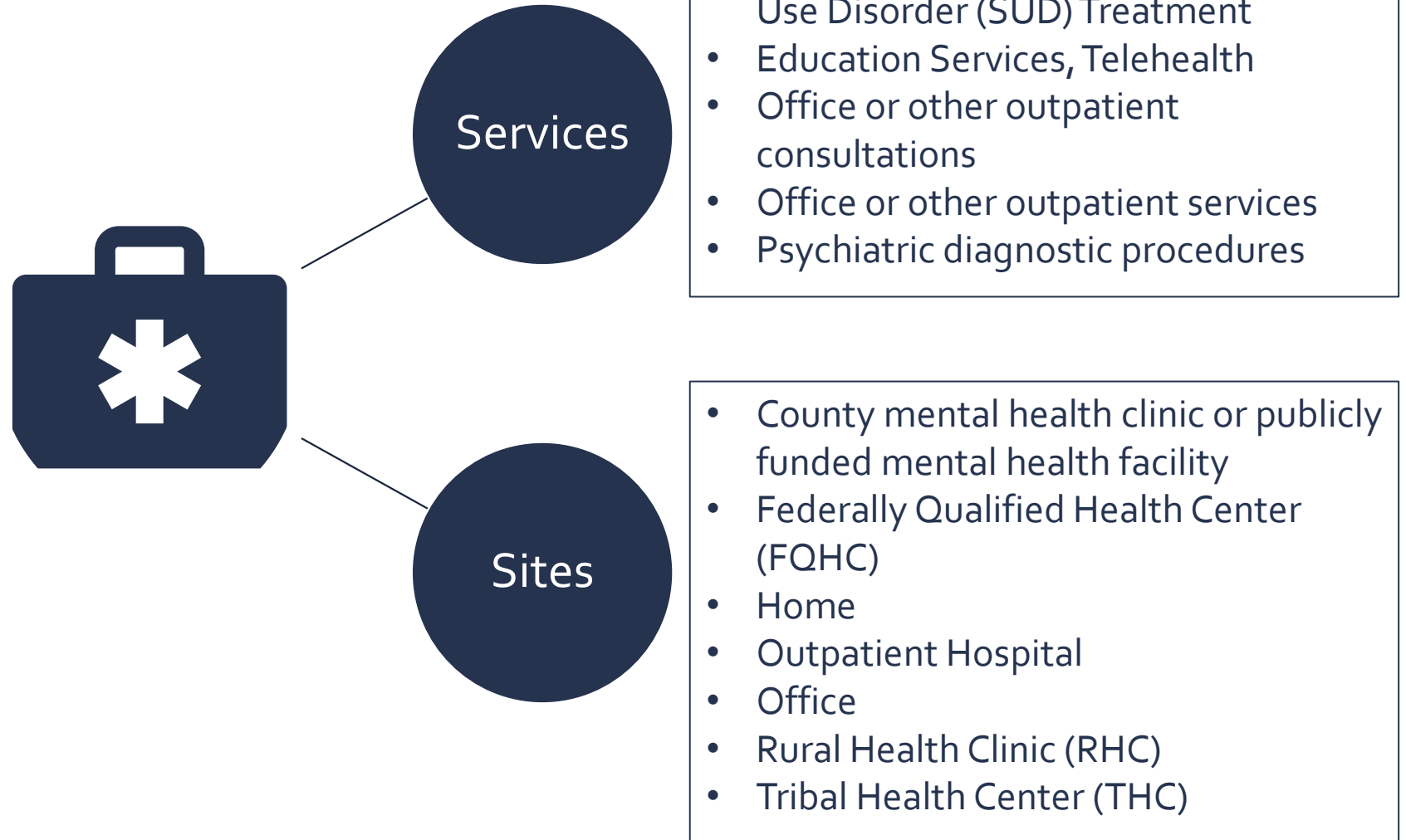
Behavioral health services may be delivered via telemedicine in accordance with current Medicaid policy.

Telemedicine

- [MSA 20-09](#)

- Telemedicine is the use of telecommunication technology to connect a patient with a health care professional in a different location.
- Telemedicine services must be provided by a health care professional who is licensed, registered, or otherwise authorized to engage in his or her health care profession in the state where the patient is located.
- Telemedicine should be used primarily when travel is prohibitive for the beneficiary or there is a health risk justifying immediate medical need for services.

Telemedicine



Common Claim Denials

Reason and
Remark code definitions
<https://x12.org/reference>

Common Claim Header Denials

- Additional Resources:
 - [CHAMPS External Links](#)
 - [Predictive Modeling Provider Tip](#)
 - [Suspended Claim Tip](#)
 - [Timely Filing Tip](#)

Reason Code (CARC)	Remark Code (RARC)	Explanation of Denial	Resource/Action
183-The referring provider is not eligible to refer the service billed.	N574-Our records indicate the ordering/referring provider is of a type/specialty that cannot order or refer.	The rendering NPI is also listed in the referring NPI field on the claim.	The referring/ordering provider must be an individual provider (type 1 NPI). Referring providers must be one of the following practitioner types: Physician, Physician Assistant, Nurse Practitioner, Certified Nurse Midwife, Dentist, Podiatrist, Optometrist, or Chiropractor (limited to spinal x-rays only). Refer to Medicaid Provider Manual for additional details.
206- National Provider Identifier – missing.	N286- Missing/incomplete/invalid referring provider primary identifier.	The referring NPI is not on the claim or is not active or enrolled on the date of service.	Review the NPI information reported on the claim. Check the enrollment of the NPI using the Provider Verification Tool . If the NPI is showing active on the DOS submit a new claim.
208-National Provider Identifier - Not matched.	N286- Missing/incomplete/invalid referring provider primary identifier.	The referring NPI is not enrolled or not active on the date of service.	
B7-This provider was not certified/eligible to be paid for this procedure/service on this date of service.	N570- Missing/incomplete/invalid credentialing data	Billing or rendering NPI is not active in CHAMPS on the date of service.	
96-Non-covered charge(s).	N55-Procedures for billing with group/referring/performing providers were not followed.	Claims submitted by a Billing Agent that is not listed in the CHAMPS provider's enrollment file or the Billing Agent has been ended.	
			<ul style="list-style-type: none"> • Associate a New Billing Agent & Authorize the 835/ERA • How to verify associated and authorized billing agents within a provider's CHAMPS enrollment information

Common Claim Service Line Denials

- Additional Resources:
 - [CHAMPS External Links](#)
 - [Predictive Modeling Provider Tip](#)
 - [Suspended Claim Tip](#)
 - [Timely Filing Tip](#)

Reason Code (CARC)	Remark Code (RARC)	Reason for Denial	Resource/Action
24-Charges are covered under a capitation agreement/managed care plan.	N/A	Beneficiary is enrolled in an HMO or Clinic Plan	Review the beneficiary eligibility and benefit plan within CHAMPS. <ul style="list-style-type: none"> • CHAMPS Eligibility and Enrollment Tab Instructions. • Eligibility Quick Reference Guide
204-This service/equipment/drug is not covered under the patient's current benefit plan .	N130 - Consult plan benefit documents/guidelines for information about restrictions for this service.	Benefit Plan Assigned receives no payment	
22-This care may be covered by another payer per coordination of benefits.	N598 - Health care policy coverage is primary.	Beneficiary has primary insurance that isn't listed on the claim	Review the beneficiary eligibility in CHAMPS to determine if Other Insurance is on file and would need to be reported on the claim. How to Locate Payer ID and Other Health Insurance Information
16 - Claim/service lacks information or has submission/billing error(s).	M77- Missing/incomplete/invalid/ inappropriate place of service.	Telemedicine service requires valid place of service and modifier	Verify that the CPT/HCPCS code is allowed for telemedicine services, and that the correct POS and modifier for telemedicine services is on the claim. <ul style="list-style-type: none"> • MSA 20-09 • Medicaid Code and Rate Reference Tool
96-Non-covered charge(s).	N198-Rendering provider must be affiliated with the pay-to provider.	Rendering Provider not associated with Billing Provider in CHAMPS	Review the rendering provider's enrollment information to make sure the NPI is associated to the group NPI in CHAMPS for the DOS. If the provider is not associated to the group, the enrollment will need to be updated.

Coronavirus (COVID-19) Resources

Visit [Michigan.gov/
COVIDVaccine](https://Michigan.gov/COVIDVaccine) for
the most recent
information on the
vaccine in Michigan

Coronavirus (COVID-19) Resources

MDHHS resources to keep providers informed about the Coronavirus (COVID-19) pandemic and the State of Michigan's response.

- Learn about our responses to Coronavirus (COVID-19) and find the latest program guidance. www.michigan.gov/coronavirus >> Resources >> For Health Professionals
- Additional Information:
 - [COVID-19 Response Database](#)
 - [Telemedicine Database](#)
 - [COVID-19 Response MSA Policy Bulletins](#)
- Questions About COVID-19?
 - [Visit our Frequently Asked Questions page](#)
 - Our most commonly answered questions can be found there and are updated often.
 - Call the COVID-19 Hotline at 1-888-535-6136
 - Email COVID19@michigan.gov

Provider Resources



MDHHS website:

www.michigan.gov/medicaidproviders



**We continue to update our
Provider Resources:**

[CHAMPS Resources](#)

[Listserv Instructions](#)

[Medicaid Provider Training Sessions](#)

[Provider Alerts](#)

[Provider Enrollment Website](#)



Provider Support:

ProviderSupport@Michigan.gov

1-800-292-2550



**Thank you for participating in the Michigan Medicaid
Program**